

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/936732

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/	/		
3		/		/		
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12		0		/		
13		0		/		
14		0		/		
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22		0		/		
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24		0		/		
25	/		/			
26		/		/		
27		/		/		
28		3		/		
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50						
TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.	30	←	29	←		←
TOTAL CLAIMS	32		32			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS